SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS F".ED IND, DEP. IND. DEP. IND. DEP. DEP IND. DEP. IND. DEP. **ΰ**5 **ს**6 **υ**9 26 27 Bi) કડ .34 _...34 _85 31. ಕ್ರ 4() (+(1 9. 4 3 ١., 4.3 4.7 TOTAL TOTAL TOTAL DEP. TOTAL DEP Ž TOTAL TOTAL CLAIMS *\$1.45 HE 1751 5 KE 10 + 1 5 5